

New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey State Board of Dentistry

124 Halsey Street, 6th Floor, P.O. Box 45005

Newark, New Jersey 07101

(973) 504-6405

Application Instructions/Checklist

Use this checklist to determine whether you have complied with all of the requirements. Once your application has been received, a file will be established and you will be notified if any documents are missing. The Jurisprudence Examination can be taken at any time during this process. Please refer to the Jurisprudence Examination information enclosed with this packet.

Upon approval of your application, you will be notified by letter and requested to provide your initial license fees.

☐ **Application Fee:**

There are two ways to obtain a license in New Jersey:

1. If you have taken the N.E.R.B. clinical examination, please enclose a check or money order for \$125.
2. If you are applying by means of reciprocity (a licensee who has not taken the N.E.R.B. exam but who is currently licensed and has worked five years immediately preceding the application to the Board in a state with which New Jersey has reciprocity), please enclose a check or money order for \$250. **Please check with the Board office to verify that New Jersey has reciprocity with your state.** All checks and money orders should be made payable to "State of New Jersey" and sent with this application to: New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, 6th Floor, Newark, NJ 07101

- ☐ Answer all of the questions on the application form.
- ☐ Staple one passport-style photograph of your head and shoulders to the front page of the application. Please sign and print your name along with the date on the back of the photo.
- ☐ Enter your Social Security number.
- ☐ Have your dental school(s) provide an official school transcript in a sealed envelope. **Do not** open the envelope. Attach each sealed transcript(s) to the application, or arrange to have the school(s) forward the transcript(s) directly to the Board office.
- ☐ Make photocopies of the Verification of State License and mail it to each state in which you hold (or have held) a license. The board in each state where you are or have been licensed must fill out the form, stamp it with the board's official seal and mail it directly to: New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, 6th Floor, Newark, New Jersey 07101.
- ☐ List the date that each exam was taken in the Examination History section.
- ☐ Please have your official National Board and N.E.R.B. or other clinical examinations scores sent directly to the Board office at: New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, 6th Floor, Newark, New Jersey 07101.
- ☐ Please use additional paper if you cannot fit all of your information in the space provided on this form. Make a notation by each question that more information has been attached. Please mark your attached answers with the same number corresponding to the question that you are answering.
- ☐ If you answered "Yes," to any of the child support questions, please attach to this application an explanation written on a separate sheet of paper.
- ☐ Fill out the Medical Conditions section on this application.
- ☐ Once the **entire application** has been completed, have it signed and stamped by a Notary Public.

Notice: Any applicant filing an application **after** November 22, 2003, will be subject to a criminal history background check pursuant to P.L. 2002, Chapter 104. Information will be provided to applicants under separate cover.

A photo is required with each application.



Division of Consumer Affairs

New Jersey State Board of Dentistry
124 Halsey Street, 6th Floor, P.O. Box 45005
Newark, New Jersey 07101
(973) 504-6405

Application number:

Check or money order:

Date processed:

License number:

Application for a Dental License

Date: _____

A nonrefundable application filing fee of \$125 (or \$250 if you are applying by reciprocity) in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure process will be delayed until the fees are paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your “address of record.” If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____

1. Name ()

Mr. _____
Mrs. _____
Ms. _____

Last name First name Middle initial Maiden name

2. Address

Home: _____

Street or P.O. Box	City	State	ZIP code	County
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Telephone number (include area code)	E-mail address
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Business: _____

Name of company

Telephone number (include area code)

Street	City	State	ZIP code	County
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Mailing: _____

Street or P.O. Box	City	State	ZIP code	County

3. Social Security

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records,
- b. the Probation Division or any other agency responsible for child support enforcement, upon request, and
- c. the National Practitioner Data Bank and the HIP Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

Education

5. Undergraduate education _____ Year graduated _____ Degree obtained _____
College or university

6. Please list each dental school attended, using a separate sheet of paper if necessary.
Attach a sealed official dental school transcript from each school(s) listed below.

Months and Years	Dental School	City, State, County
____ / ____ to ____ / ____	_____	_____
____ / ____ to ____ / ____	_____	_____
____ / ____ to ____ / ____	_____	_____

I received the degree of _____ on the _____ day of _____, _____
Month Year

- 7 List in chronological order any employment, residencies or postgraduate training you have acquired or participated in since your graduation from dental school. (Please account for all of the years since graduation and include addresses and dates. Use additional sheets of paper if necessary.)

8. Have you ever taken a state board or regional board examination and failed? ☐ Yes ☐ No

9. Please list below the date each test was taken and passed.

a. N.E.R.B. _____

b. National Boards _____

c. N.J. Law and Jurisprudence Exam (If taken) _____

d. If you are applying for reciprocal licensure, list the other state(s) and/or regional clinical exam(s) you have taken, and the date(s) you passed the exam.

Exam (indicate state or jurisdiction)	Date
_____	_____
_____	_____

10. Have you previously applied for a license as a dentist in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," when and where? _____

11. Do you currently hold, or have you ever held a professional license of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name. _____

Last name	First name	Middle initial	
_____	_____	_____	_____
State or jurisdiction that issued the license or certificate	Type of license or certificate	Number	Date issued/expired
_____	_____	_____	_____
State or jurisdiction that issued the license or certificate	Type of license or certificate	Number	Date issued/expired
_____	_____	_____	_____
State or jurisdiction that issued the license or certificate	Type of license or certificate	Number	Date issued/expired
_____	_____	_____	_____
State or jurisdiction that issued the license or certificate	Type of license or certificate	Number	Date issued/expired
_____	_____	_____	_____
State or jurisdiction that issued the license or certificate	Type of license or certificate	Number	Date issued/expired

12. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in this or any other state or in a foreign country? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
13. Have you ever been convicted of any crime or offense under any circumstances such as, but not limited to, a plea of guilty, non vult, nolo contendere, no contest, etc., or a finding of guilt by a judge or jury? ☐ Yes ☐ No
14. Have you ever been disciplined or denied a dental license or any other professional license in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Do you hold a current D.E.A. registration? ☐ Yes ☐ No
If "Yes," has this registration ever been suspended or revoked? ☐ Yes ☐ No
17. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
18. Have you ever been named as a defendant in any litigation related to the practice of dentistry or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
19. Are you aware of any investigation pending against a professional license issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
20. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
21. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of dentistry or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 12 through 20, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

22. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No
If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

23. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

Medical Conditions Questions

Questions 24 through 29 pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice dentistry” is to be construed to include all of the following:

- a. The cognitive capacity to exercise reasonable dental judgments and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of a dentist, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

24. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
25. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
26. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
27. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
28. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
29. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question 29, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____
County of: _____ } ss.

I, _____, in making this application to the New Jersey State Board of Dentistry for licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Dentistry, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to withhold renewal of or suspend or revoke a license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:6-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Dentistry, N.J.A.C. 13:30-1.1 et seq., and fully understand that in receiving licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Do not write in this space

N.E.R.B. scores

Date received _____

W.R.T.N. _____

License number _____

M.M.K.N. _____

National Board _____

RESTOR _____

Certification date _____

PERIO _____

N.E.R.B.

Certification date _____



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Verification of State License

A separate form must be used for each state.

(This form may be reproduced.)

Name of applicant: _____
Last name First name Middle initial

The above-named applicant is a licensee of the State of _____ and was issued
license number _____ on _____
Month Day Year

The applicant was licensed by:

	Date passed		Date passed
State examination	_____	Based on Parts I & II	
N.E.R.B.	_____	of the National Board	_____
W.R.E.B.	_____	Endorsement/Reciprocity	
S.R.T.A.	_____	from the State of	_____
C.R.D.T.S.	_____		
Other	_____		

The license status is:

Current and in good status expiring on _____ Date	Revoked or suspended
Inactive/expired on _____ Date	Other (please attach explanation)

Examination History (if applicable)

Date of examination	Subject	Grade
_____	_____	_____
_____	_____	_____

The licensee does does not have a record of disciplinary history with this agency. (Attach additional information if applicable.)

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

Name of Board

Name of person completing this form

Title

Signature

(Board Seal)



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124 Halsey Street, 6th Floor, P.O. Box 45005

Newark, New Jersey 07101

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Jurisprudence Examination

If you are a New Jersey resident:

All New Jersey residents are required to take the Jurisprudence Examination at the New Jersey State Board of Dentistry's administrative offices in Newark, New Jersey. If you are a New Jersey resident, or an out-of-state resident who will be in the area, please use the attached form to schedule a time to take the exam.

If you live outside of New Jersey:

You may have the Jurisprudence Exam proctored if you live out of state. Proctored tests can be handled in the following ways:

- a. Individuals requesting the Jurisprudence Exam may have their exam proctored by a licensed dentist.
- b. Students requesting the Jurisprudence Exam may have their exam proctored by a faculty member from their school.
- c. Individuals working in a hospital-based internship, residency, or other post-graduate training program in dentistry may have their exam proctored by a licensed dentist or faculty member from the dental department.

Anyone requesting to proctor the jurisprudence examination may write a letter to the Board. The letter should include the following information:

1. Number of exams requested.
2. Date of examination.
3. Type of examination: dental, R.D.H. or R.D.A.
4. Name, address, institution and title of proctor.
5. Contact name and phone number.
6. Address where the exam(s) should be mailed.

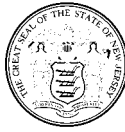
This letter may be faxed to : (973) 273-8075, or sent by mail to:

New Jersey State Board of Dentistry

124 Halsey Street, 6th Floor

P.O. Box 45005

Newark, NJ 07101



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Jurisprudence Examination Registration Form

If you are a New Jersey resident (or an out-of-state resident wishing to take the Jurisprudence Exam at the Board's administrative offices), please check off which date and time you would like to take the test. On each of the dates listed below, the test is given at 10:00 a.m. and 1:00 p.m. Please send this form via fax or mail it to the address below. You will have one hour to complete this closed-book examination. If the session is full, you will be contacted to reschedule. Please include your daytime telephone number.

The following is a schedule of the Exam dates for 2006

January 4 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
January 18 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
February 1 st	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
February 15 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
March 1 st	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
March 15 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
April 5 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
April 19 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
May 3 rd	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
May 17 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
June 7 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
June 21 st	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
July 12 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
July 26 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
August 9 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
September 6 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
September 20 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
October 4 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
October 18 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
November 1 st	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
November 15 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
December 6 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.
December 20 th	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 1:00 p.m.

Candidate's name (please print) _____

Daytime telephone number (include area code) _____

Please put a check in one box: ☐ Dental ☐ R.D.H. ☐ R.D.A.

Return this form to:

New Jersey State Board of Dentistry
124 Halsey Street, 6th Floor
P.O. Box 45005
Newark, NJ 07101

Fax number: (973) 273-8075

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date